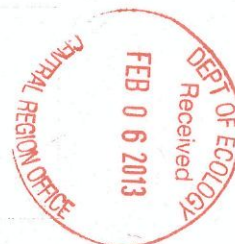




Application for Change/Transfer of Water Right



For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☒ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☒ Other (i.e. consolidation, intertie, trust water)

Explain: THIS IS A TEMPORARY TRANSFER

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 01-30-2013
CHECK NO. 18563 FEE \$ 50
DATE ACCEPTED 02-08-13 BY CS
CHANGE NO. CS4-26684C02
COUNTY DOUGLAS WRIA 50
SPECIAL AREA _____
SEPA: ☐ EXEMPT ☐ NOT EXEMPT
ECY CODING: 001-002-WR10295-000011
APP NO. _____ PERMIT NO. _____
CERT NO. _____ CERT OF CHG NO. _____

☒ I have participated in a pre-application conference with Ecology.

1. Applicant Information

APPLICANT/BUSINESS NAME <u>MARY K. BAILEY</u>	PHONE NO. <u>509-923-2406</u>	FAX NO. <u>509-923-1923</u>
ADDRESS <u>62 BAILEY WAY</u>		
CITY <u>BREWSTER</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE) <u>MARK C. MILLER</u>	PHONE NO. <u>509-689-3610</u>	FAX NO. <u>509-689-2903</u>
ADDRESS <u>PO BOX 1635</u>		
CITY <u>BREWSTER</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>RALPH A. DOBSON</u>	PHONE NO. <u>509 923 9606</u>	FAX NO. <u>N/A</u>
ADDRESS <u>56 HILLCREST DR.</u>		
CITY <u>BREWSTER</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>
EMAIL ADDRESS (IF AVAILABLE)		

2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>SEE ATTACHED S4-26684C</u>	RECORDED NAME(S) <u>VICTOR C. BAILEY</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: <u>N/A</u>	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

ECY 040-1-97 (Rev. 02/12)

CS4-26684C02

2013 684C

3. Point(s) of Diversion/Withdrawal:

A. Existing REFER TO 26684C

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SEE ABOVE								

B. Proposed REFER TO S426372C

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
SEE ABOVE				30	30	23	GL.3	

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☒ YES ☐ NO PROPOSED: ☐ YES ☒ NO - IF NO, PROVIDE OWNER(S) NAME: Ralph Dobson

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing REFER TO S426684C

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SEE ABOVE			

B. Proposed REFER TO S426372C

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
SEE ABOVE			

5. Place of Use:

A. Existing REFER TO S426684C

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: _____

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
PT. NE 1/4 OF NE 1/4 SEC 1 TWN 29N RNG 23E							
PT. N 1/2 OF NW 1/4 1/4 & NW 1/4 OF NE 1/4 SEC 6 TWN 29N							
RNG 24E							
see 2/7/2013 email with DOUGLAS COUNTY							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☐ YES ☒ NO

IF NO, PROVIDE OWNER(S) NAME: RALPH DOBSON

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): S4-292 64 C / S3-00481C

6. Remarks and Other Relevant Information:

I INTEND ALL PERIODS USE <u>1</u> ALL PURPOSES	
OF USE TO BE FULLY EXERCISED BY	
RALPH DOBSON	
IF FOR SEASONAL OR <u>TEMPORARY</u> START DATE <u>1/1/2013</u> END DATE <u>12/31/2016</u>	

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>MARY K. BAILEY (D)</u> Applicant Printed Name - Title	<u>Mary K. Bailey (Wife)</u> Applicant Signature	<u>1/26/13</u> (Date)
<u>VICTOR C. BAILEY (DEC)</u> Water Right Holder Printed Name	<u>Mary K. Bailey (Wife)</u> Water Right Holder Signature	<u>1/26/13</u> (Date)
<u>MARY K. BAILEY</u> Land Owner of Existing Place of Use Printed Name	<u>Mary K. Bailey</u> Land Owner of Existing Place of Use Signature	<u>1/26/13</u> (Date)
<u>RALPH DOBSON</u> Land Owner of Proposed Place of Use Printed Name	<u>Ralph Dobson</u> Land Owner of Proposed Place of Use Signature	<u>1/28/13</u> (Date)

Please check the region in which the project is located:

*Submit your application to: DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input checked="" type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 - 160 th Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- | | |
|---|---|
| <input type="checkbox"/> APPLICATION FEE NOT ENCLOSED | <input type="checkbox"/> MAP NOT INCLUDED or INCOMPLETE |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |

STAFF: _____ DATE: ____/____/____